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ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No.

00-0211

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Please provide the appropriate information in the () areas in the heading below.

Equinox International, LLC

Application for a certificate of interexchange
authority to operate as a reseller of
telecommunications services in the State of
Illinois.

ILLINOIS
COMMERCE COMMISSION
MAR 6 11 12 AM '00
CHIEF CLERK'S OFFICE

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 364168104

Equinox International, LLC

Address: Street

Tollgate
575 Tollway Road, Suite B

City Elgin

State/Zip IL 60123

2. Authority Requested: (Mark all that apply) 13-403 X 13-404 13-405
3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

X Part 710 X Part 735 -Section 735.180 X Other

The Applicant requests the Commission's permission to keep the Applicant's books and records at its principal place of business at 575 Tollway Road, Suite B, Elgin, IL 60123.

4. In what area of the state does the Applicant propose to provide service?

Statewide.

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

6. Please check type of organization?
 Individual X Corporation (LLC)
 Partnership Date corporation was formed April 25, 1990
 Other (Specify) In what state? Illinois
7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.' See EXHIBIT B.
8. List jurisdictions in which Applicant is offering service(s).
- Applicant has been offering International services.
9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?
- YES (Please provide details) X NO
10. Have there been any complaints against the Applicant in any other jurisdiction?
- YES X NO
- If YES, describe fully. _____
- _____
11. Will the Applicant keep its books and records in Illinois? X YES NO
 If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See EXHIBIT C.
13. List officers of Applicant See EXHIBIT D.

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES NO

If YES, list entity. Eauinox Systems Corp.

15. How will Applicant bill for its service(s)? Direct billing to customers

16. How does Applicant propose to handle service, billing, and repair complaints?

In house customer service personnel at 800-398-6696

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO

18. What telephone number(s) would a customer use to contact your company?

800-398-6696

19. What are your procedures to prevent unauthorized "slamming" of customers?

Applicant will obtain signed Letter of Authorization.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

YES X NO (If no, please provide an explanation.) N/A interexchange application

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? YES X NO
N/A Applying for interexchange authority.

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See EXHIBIT E.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? YES X NO

If YES, please list:

If NO, which facility **provider(s)**'s services does Applicant use?

MCI Worldcom

24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Interexchange Service

25. Will technical personnel be available at all times to assist customers with service problems?

X YES NO

26. If Applicant intends to provide **payphone** service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. **84-0442** on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, **payphone** owner's name, method of reporting service problems and method of receiving credit for faulty calls?

 YES X NO N/A interexchange application.


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)

)ss

County of ~~Kane~~ McHENRY

Richard Pierce makes oath and says that he is Managing Partner
(Insert here the name of affiant) (Insert the official title of the affiant)

of Eauinox International, LLC
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Richard Pierce
(Signature of affiant)
PL30-7534-2322

Subscribed and sworn to before me, a Notary Public/ MALANE J. BERG
(Title of person authorized to administer oaths)

in the State and County above named, this 29th day of Feb. 2 0 0 0 .

"OFFICIAL SEAL"
Malane J. Berg
Notary Public, State of Illinois
My Commission Expires 11/22/2001
Malane J. Berg
(Signature of person authorized to administer oath)